



# Flic-Flac Gymnastics Club

## Questionnaire

**We want your views!**

Help our Club to develop and plan for the future by completing this questionnaire. We want to build on our success so far and provide facilities and activities in accordance with your needs. Please also indicate whether you are willing and able to get more involved with the Club.

<b>Please rate your overall satisfaction with:</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Could Improve</b>
Current facilities at the Club			
Comments:			
The equipment			
Comments:			
Ratio of Coaches to gymnasts			
Comments:			
Value for money			
Comments:			

<b>If available would you use any of the following activities additional to, or instead of, the current classes:</b>	<b>Yes, additional to</b>	<b>Yes, instead of</b>	<b>No</b>
Sports Acro (acrobatics)			
Trampolining			
Tumbling			
Dance			

	<b>Yes</b>	<b>No</b>
Would you like more hours in the current gymnastics class		

<b>Please tick if you would like to get more involved with the Club:</b> (Please note we are a non-profit making charity and all our helpers, including Coaches, are volunteers)	<b>Yes</b>	<b>If yes, number of hours you could offer</b>	<b>No</b>
Coaching			
Cleaning			
General maintenance			
Administration			
Fundraising, e.g. ideas for events, planning events, seeking out and applying for grants			
Any other skills, knowledge or experience we could use, e.g. specific expertise related to your occupation. Please state what area this is in .....			
If you have ticked 'Yes' for any of the above please give your name and contact details			

<b>Please rate your satisfaction with:</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Could Improve</b>
Number of Interclub competitions (twice a year currently) Comments:			
Running and organisation of competitions Comments:			
Other events, e.g. Christmas Parties, Bingo nights Comments:			

Please indicate which other events you would like us to run, e.g. displays	
Please give any other ideas for fundraising	

<b>Please indicate whether you would be interested in buying merchandise:</b>	<b>Yes</b>	<b>No</b>	<b>Maybe</b>
Clothing, e.g. fleeces, t-shirts			
Water bottles			
Bags, holdalls			
Other, please specify			

Please state factors which would influence your decision to buy, e.g. cost, quality, logos, contribution to fundraising	
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Use the space below for any further comments or feedback.

Gymnast's name ..... Class attending .....

Parent/guardian name .....

Parent/guardians' occupations .....

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The Committee and Coaches would like to thank you for your time in completing this questionnaire.  
**Please return to Reception by 31<sup>st</sup> March 2009.**